

# THE ARMY NURSE CORPS NEWSLETTER

*“Ready, Caring, and Proud”*

Volume 05 Issue 02

December 2004

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## Message from the Chief



Holiday greetings to all of you, I wish that it were possible to thank each of you personally for your compassion, caring and commitment to others and to your Service to our Nation. We are indeed fortunate that in America we can enjoy the celebrations of our faiths and are not persecuted. I hope you will take the time to enjoy the traditions of your families and your faith and renew your energies for the challenges of the New Year.

Last month I mentioned my concern about PTSD—the line Army is engaging in this effort and we all must start breaking down the stigma and barriers that people face when they want and need emotional support. I ask that you continue to watch over your colleagues and patients, help them to talk about the trauma they have experienced and put it into perspective. A tough job, but one I know you are capable of accomplishing!

We have been working closely with our new Surgeon General, LTG Kevin C. Kiley, about attrition and what we need to do to retain these impressive ANC officers. We have briefed the Army Chief of Staff, Gen Schoomaker, and he is supportive of finding solutions. I am also pleased that the Air Force and Navy Nurse Corps are actively engaged in this dialogue as well. Many of you have worked in different locations and struggled with slow progress due to bureaucracy—the changes we are searching for are coming, but much more slowly than I prefer. Due to the politics and bureaucracies that surround change, I cannot disclose our recommended solutions. I need you to know we will persevere and I believe you will be pleased with the results. Please remind your colleagues that this process is incremental, we don't get to kick in a door and throw a grenade, we must move purposefully but not abruptly in order to succeed.

While officiating at a Purple Heart ceremony, I heard wonderful comments about the quality and compassionate care a group of soldiers received after injury and throughout their hospitalization and transportation experience. Thank you so much for what you do. You are truly unsung heroes and I am proud to serve with you.

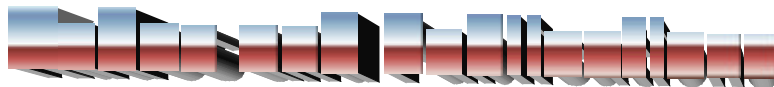
I can't emphasize enough the need for vigilance and safety during this holiday season. We lost two members of the AMEDD to motorcycle and POV accidents over Thanksgiving. Please take care of your selves and watch out for

others. Fatigue, alcohol, stress, being in a hurry...all contribute to the accidents that destroy lives. Plan ahead, use a designated driver or pay for a cab ride. Enjoy the celebrations of this holiday season but stay safe! GSP

GALE S. POLLOCK  
MG, AN  
Chief, Army Nurse Corps

#### **Article Submissions for the ANC Newsletter**

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to [MAJ Eric Lewis](#). The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.



Kudos to **LTC Deborah Kenny, LTC Veronica Thurmond and MAJ Mary Moore** whose Research Poster "Personal and Professional Issues Associated with Operation Iraqi Freedom/ Operation Enduring Freedom of Nurses in Military Hospitals" was selected as the Army's research presentation during the Federal Nursing Section session: Research Efforts in Federal Nursing: Support of Our Nation at War. LTC Deborah Kenny did the presentation.

*Kudos to the following Army Nurse Corps Officers (AC and RC) and DA Civilians who had posters accepted for presentation at the Federal Nursing Poster Session at the Annual AMSUS Meeting:*

Identification the Need and Designing a Medical Humanitarian Assistance Course for Advanced Practice Nurses in the Uniformed Services

**COL Richard Ricciardi, MAJ Curt Aberle, MAJ Kenneth Bethards, CDR Susan Orsega (USPHS.)**

Patient Education Kiosks

**MAJ Sara Breckenridge Sproat, CPT Ruth Roettger-Lerg, Mr. Patrick Walz**

Case Management: An Innovative Strategy to Manage Health Care for Mobilized Reserve Component Personnel

**COL Carol Swanson, COL Marietta Stanton, COL Rebecca Baker, COL Violette Ruff, LTC Charlene Godec, CPT Lisa Patton**

Building Strong and Ready Families (BSRF)

**LTC Teresa Hall, Ms. Lisa Young**

Management of Post Operative Atelectasis in an Austere (Combat) Environment

**CPT Doug Elmore, LTC John B. Sorensen**

*Kudos to the following Army Nurse Corps Officers (AC & RC) and DA Civilians who had posters accepted for presentation at the Karen Reider Research Poster Session at the Annual AMSUS Meeting:*

Augmenting Genetic Services for Providers: Outcome After a Ten-Day Training Course in Genetic Counseling for Nurses

**Dr. Diane C. Seibert**

Comparison of Non-Invasive Cardiac Output Measurement by Bioimpedance Cardiography and Invasive Measurement by Intermittent Bolus Thermodilution Technique via a Pulmonary Artery Catheter in Critically Ill Medical and Surgical Patients

**MAJ Barbara Pfaff, Mary Brandt, Theresa Bucco**

How Nurse Characteristics in Army Medical Centers Relate to Job Satisfaction and Clinical Expertise

**COL (Ret) Barbara Jo Foley, LTC Mona Bingham, Dr. Carolyn C. Kee**

The Use of Personal Digital Assistants (PDAs) in the Perioperative Setting

**LTC Veronica Thurmond, LTC Patricia Patrician**

Evidence-Based Performance Improvement Project

**LTC Deborah Kenny, CDR Maggie Richard**

Personal and Professional Issues Associated with Operation Iraqi Freedom/ Operation Enduring Freedom of Nurses in Military Hospitals

**LTC Deborah Kenny, LTC Veronica Thurmond, MAJ Mary Moore**

Audibility of Patient Alarms at a Military Medical Center

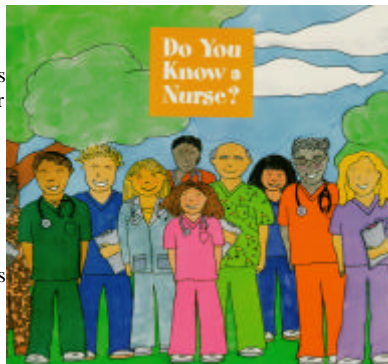
**COL Iris West, Dr. Josef Sobieraj, Mr. Leo Voepel**

The Transtheoretical Model and Exercise During Pregnancy

**MAJ Nancy M. Steele**

#### ***Graduate Nursing Students Publish a Children's Book:***

A group of 21 advanced practice nursing students at George Mason University in Fairfax, VA collaboratively wrote and published a children's book about nursing. The book is titled "Do You Know a Nurse?" and was written in response to the growing nursing shortage. **MAJ Melissa Hoffman**, Head Nurse of Ward 75, Walter Reed Army Medical Center and **MAJ Denise Adams-Mann**, Chief, Medical-Surgical Services at DeWitt Army Community Hospital were two of the advanced practice nursing students involved in the production of the book. The book is geared toward children 8 years old and younger and depicts nurses of many different nationalities doing many different types of jobs. "Do You Know a Nurse?" was designed to show children the many different types of things that nurses do and to garner interest in the profession of nursing at a young age. All of the students contributed to the book project; some contributing rhyming text to accompany the illustrations, some served as editors, some interfaced with the printer, and still others were involved with the marketing of the book. Each student contributed their ideas by completing a page about what nurses do. MAJ Hoffman's page states that "Nurses are scientists looking for answers to all of the things we want to know. They can tell you why you sneeze and why you laugh when I tickle your toe." MAJ Adams-Mann's page shows military nurses from two different services caring for a patient and states "Nurses are brave and courageous. They take care of you even when Mom says you're contagious." Other pages in the book depict nurses as teachers, legislators, detectives, and leaders. Nurses of many different faiths and working in many different cultures are also represented. Future plans for the book include translating it into several different languages.



The book is available at the Virginia Hospital Center's gift shop, George Mason University College of Nursing and Borders Books and Music in Fairfax, VA. The cost of the book is \$10. All proceeds from the book go to George Mason University's College of Nursing and Health Science Fund, which allows nursing students to work with underserved populations in the United States and abroad. Please contact

MAJ Hoffman at Walter Reed Army Medical Center or MAJ Denise Adams-Mann at DeWitt Army Community Hospital if you would like more information or if you need assistance in ordering books.

**Congratulations** to BG (Ret) Pocklington on the release of her new book: **HERITAGE OF LEADERSHIP, Army Nurse Corps Biographies**. A book signing and lecture by BG (Ret) Pocklington will take place 7 Dec 2004 at the AMEDD Museum, Ft. Sam Houston, TX. The book signing will be from 1100 – 1300 in the gift shop and the lecture will begin at 1700 in the museum with a book signing to follow.

### *News from the Office of the Army Nurse Corps*

The ANC now has a footprint on AKO. We have recently established the ANC AKO homepage. It is still in the production phase but we are adding to it daily. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. In the near future we will use AKO to distribute the ANC Newsletter Corps-wide. We will also develop AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at <mailto:Eric.Lewis@amedd.army.mil>.

### *Directions to access and create a shortcut to the ANC AKO Homepage*

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page. You can copy the URL, <https://www.us.army.mil/suite/doc/1329577>, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, reclick on the link (sometimes the subscription takes a few seconds to take place).

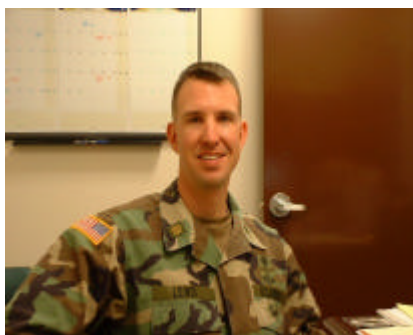
### *The Role of the Army Nurse Corps Fellow by MAJ Eric Lewis*

Greetings from the Army Nurse Corps Fellow.

Who? What is an ANC Fellow?

I had the same reaction when HRC called me last year and asked if I would accept the position. I first asked what exactly the job entailed, where I would be stationed, and who I'd be working for. The answers I received were somewhat vague but very enticing. This is the response I received.

"You will be working at Ft. Sam Houston at the AMEDD Center and School for the Chief and Deputy Chief of the Army Nurse Corps learning how the ANC operates at the highest echelons." Ok, so what does that really mean?



**MAJ Eric Lewis**

Primarily, I am here to learn how the ANC interacts with all of the other branches within the Army Medical Department and Department of Defense while serving as the junior staff officer in the ANC Chief's office. I'm responsible for the monthly ANC Newsletter, the ANC Homepages, weekly ANC teleconferences, and the monthly ANC video-teleconference. As a staff officer, I assist with the research of numerous issues and taskers handed down to the ANC, prepare them in written format, and present this information to COL Bruno and MG Pollock so they can address the issue with confidence that they have all of the surrounding details.

I'm also responsible for managing the Deputy Chief's schedule and assisting with the Chief's schedule. I coordinate site visits, set

up itineraries, escort the Chief and Deputy Chief, and then follow up on any questions or concerns from the visit. I field questions via phone and email from sources all over the world, military and civilian. This is the most time consuming aspect of the position. I'm amazed at the diversity of questions and concerns that flow across my desk. Essentially, I am the filter between the Chief's office and the rest of the world.

I interact almost daily with Chief Nurses, USAREC, Cadet Command, MEDCOM, OTSG, and HRC. I have developed a very good relationship with the staff and better understanding of how the Nurse Corps works in a concerted effort with all of these units to create change and work systems issues which affect all of us.

To sum it all up I'm the executive assistant, junior staff officer, webmaster, newsletter editor, escort officer and "firefighter" all rolled into one. It's an incredible opportunity that evolves on a daily basis. I never know what to expect and each day is a new challenge, a new endeavor, and most importantly, a new learning experience.

***2004 AMSUS Review by MAJ(P) Charlotte Scott, ANC Historian***

On November 14 – 19, 2004, the 110<sup>th</sup> annual Association of Military Surgeons of the United States (AMSUS) conference was held in Denver, Colorado. The theme of the conference was "Supporting a Nation at War". Conference objectives included examining challenges, cost effectiveness, cost benefits, and applying new state-of-the-art medical knowledge and technology to federal healthcare missions and thereby enhancing patient care delivery to our beneficiaries across our nation and internationally. Activities included numerous engaging panel discussions, professional and scientific papers, film and video tape presentations, and technical and scientific exhibits of new and innovative technology.

Several Army Nurse Corps key leaders were in attendance to include: Major General Gale S. Pollock, Chief, Army Nurse Corps; Brigadier General Deborah Wheeling, ASG, Mobilization, Readiness & National Guard Affairs; Brigadier General Carrie L. Nero, Chief Nurse, 3d Medical Command; COL Barbara Bruno, Deputy Chief, Army Nurse Corps; COL Mauhee Edmondson, Chief Nurse, Army Reserves; COL Karen Seipp, Chief Nurse, MEDCOM; COL Maryann Steinmetz, OTSG Nurse Staff Officer; LTC Christine Johnson, Nurse Staff Officer; and LTC Ellen Forster, Congressional Detailee.

Historically, the Association of Military Surgeons of the United States was established in 1891 by the United States National Guard. It was originally an association only for physicians. Later by 1908 it expanded its membership from a society of National Guard medical officers, to include medical officers from the Regular Army, Acting Assistant Surgeons, Naval Medical Corps officers, United States Public Health Service, Veterans Administration, and Medical Reserve Corps of the United States.

This conference today is attended by multidisciplinary healthcare professionals from all Federal Healthcare Agencies: U. S. Army, U. S. Navy, U. S. Air Force, U. S. Public Health Service, Department of Veterans Affairs, U. S. Army Reserve, U. S. Navy Reserve, U. S. Air Force Reserve, Army National Guard, Air National Guard, the Coast Guard and the American Red Cross.

The driving objective of AMSUS is to make certain that lessons learned in warfare and peacetime are not forgotten as well as to provide a platform for creation of new ideas. By assembling a group of healthcare professionals which share similar problems, much can be accomplished through exchanging ideas and knowledge gained from the lessons learned.

Very early AMSUS conferences included topics of discussion relevant to nursing such as:

1. 1899 – "Women Nurses in the American Army" by Anita Newcomb McGee, M.D., Acting Assistant Surgeon, U. S. Army.
2. 1902 – "The Relation of Personnel to Bed-Capacity in Military Hospitals" by Captain John Stewart Kulp, Medical Department, U. S. Army.
3. 1902 – "The Nurse Corps of the Army" by Anita Newcomb McGee, M.D., late Contract Surgeon in the U. S. Army and in Charge of the Army Nurse Corps.
4. 1902 – "Lessons Drawn from Practical Professional Experience with Trained Women Nurses in Military Service" by Surgeon John W. Ross, U. S. Navy.

5. 1928 – “Women Nurses with the Union Forces During the Civil War” by MAJ Julia C. Stimson, U. S. Army Nurse Corps, and Ethel C. S. Thompson, R.N.

Some of the Army nursing presentations this year included: “Relevant, Ready, and Resourceful, Army Nurses Serving a Nation at War”, MG Gale S. Pollock; “Introduction and Current Initiatives”, BG Deborah Wheeling; “The Centralized Credentialing, The Army Reserve Clinical Credentialing Affairs Office”, LTC Robert Rowe; “The Army Nurse Corps: A Professional Nursing Legacy”, MAJ (P) Jennifer Petersen; “Forward Surgical Team/Operations in Iraqi Freedom”, MAJ Nelson Rosen; and “Strategic Health Alliance (FEDS\_HEAL)”, MAJ Katherine Ponder.

A common theme can be noted in these early and present day nursing presentations. We see that through out our history, Army nurses are actively involved in the leadership and planning of federal healthcare. Army nurses continue to make momentous contributions to the health, safety and recovery of our military service men and women in peacetime and during war.

The emphasis on federal nursing was evident in the diversity of presentations in the Federal Nursing Section breakout: CAPT Kathleen Hastings, USPHS presented “Public Health Emergency Preparedness”, Dr. Marthe Moseley, Department of Veterans Affairs, presented “Supporting a Nation at War: What It Looks Like,” and there was a multi-service panel presentation of current nursing research efforts in support of our nation at war.

In conclusion, the annual AMSUS meeting continues to provide its membership opportunity to meet and discuss ideas on medical research trends, and new technology which will result in continuous improvements to quality and efficiency of healthcare management and healthcare delivery. If you would like more information about AMSUS or membership eligibility visit the AMSUS website at <http://www.amsus.org>.

#### ***Updates from the AMEDD Center & School***

The new Captains Career Course website is online and fully functional at <http://www.cs.amedd.army.mil/ccc/>

The site includes:

**Resources:** FAQ's, Cadre Directory, FY05 Class dates, and Phase I information

**Active/Reserve Component:** Welcome Letter, Phase II information, and Student Evaluation Plan

**CLC3 (Combined Logistics Captains Career Course):** Track Schedule and Student Evaluation Plan

**Misc:** Inprocessing, CME credits, Useful Links, electronic maps and medical links

POC is MAJ Cheryl Brown the OBC/OAC Nurse Liaison.

**Office:** (210)221-6295

**DSN:** 471-6295

**Email:** [cheryl.brown@amedd.army.mil](mailto:cheryl.brown@amedd.army.mil)

#### ***New Competency Resource launched for the AMEDD***

The new Tri-Service Healthcare Competency Assessment Website was created to 1) standardize the template (not the content) for initial and ongoing competency assessment tools across the AMEDD and to 2) share examples from Brooke Army Medical Center's custom designed library of over 350 unit and/or job specific clinical and administrative competency tools. The tools incorporate Balanced Scorecard goals, soldier readiness, scope of practice, age, language, and cultural-specific competencies in a format that targets technical, critical thinking, and interpersonal skills.

The posted tools, accessed at <https://akm.amedd.army.mil/competency> have had all formatting removed so that they can be downloaded and edited to meet the needs of your unit or facility. This information is not prescriptive in nature but only shared to help other facilities as they tackle the issue of competency assessment and JCAHO compliance. More tools and materials are being added everyday as they are being converted from the BAMC format. LTC Kimberly Armstrong at the AMEDD Center and School is spearheading this project and may be contacted at (210) 221-6073, DSN 471-6073, or at [Kimberly.Armstrong@amedd.army.mil](mailto:Kimberly.Armstrong@amedd.army.mil) for any questions.

***New Critical Care Distance Learning Program Available by LTC Kimberly Armstrong***

***Updated 30 November 2004***

The Department of Nursing Science and the American Association of Critical Care Nurses (AACN) have entered into a 5 year partnership to use AACN's *Essentials of Critical Care Orientation (ECCO)* distance learning course as refresher and readiness training for AN officers and Department of Army Civilians (DAC) nurses returning to the critical care environment or preparing for deployment.

This web-based program consists of the following nine subcourses: Introduction to Critical Care Nursing, Cardiovascular Disorders, Pulmonary Disorders, Neurologic Disorders, Renal Disorders, Gastrointestinal Disorders, Endocrine Disorders, Hematologic Disorders, and Multisystem Disorders. Two examinations are required for each subcourse; the first to show successful completion of the module and the second for continuing education (CE) credit. Students must pass each exam with a score of 80% or better. Upon successful completion of all modules and exams, including the CE exam, the student will receive 64 CEs as well as credit in ATRRS for course completion.

All registration fees (\$175 per student) have been paid to train 2,205 active/reserve component and DAC nurses through FY09. These numbers are in addition to the 795 ANs selected by Human Resources Command and DAC nurses selected by their Chief Nurses for follow-on attendance to the Critical Care/Emergency Nursing and Anesthesia Nursing Courses.

Each region, to include the reserve component, has been allocated the following number of slots for FY05 (please note the slight decrease in numbers since the last newsletter due to changes to the contract). Numbers will be adjusted each year as needed based on mission and the deployment schedule for each region. Interested personnel should contact their local Hospital/Nursing Education Departments for more information and application procedures. Hospital Educators may contact their regional POCs as listed for additional assistance or guidance.

Region	Number of ECCO Registrations Purchased for FY05
European RMC (Primary POC is Mr. Thomas Thapith at HMEDDAC at <a href="mailto:Thomas.Thapith@us.army.mil">Thomas.Thapith@us.army.mil</a> )	31
Great Plains RMC (Primary POC is COL Linda Andersen at <a href="mailto:Linda.Andersen@amedd.army.mil">Linda.Andersen@amedd.army.mil</a> )	110
Pacific RMC (Primary POC is MAJ Sandra Begley at <a href="mailto:Sandra.Begley@us.army.mil">Sandra.Begley@us.army.mil</a> )	53
North Atlantic RMC (Primary POC is Mr. Steven Hogans at <a href="mailto:Steven.Hogans@na.amedd.army.mil">Steven.Hogans@na.amedd.army.mil</a> )	80
Southeastern RMC (Primary POC is MAJ Carlotta Head at <a href="mailto:Carlotta.Head@amedd.army.mil">Carlotta.Head@amedd.army.mil</a> )	40
Western RMC (Primary POC is COL Aida Perez at <a href="mailto:Aida.Perez@nw.amedd.army.mil">Aida.Perez@nw.amedd.army.mil</a> )	31
Reserve Component (Primary POC is MAJ Deborah Mitchell at <a href="mailto:Deborah.Mitchell@USARC-EMH2.army.mil">Deborah.Mitchell@USARC-EMH2.army.mil</a> )	96

FY05 Total User Packages = 441

***Critical Care Website now live***

The new **Critical Care Website** will be a one-stop shop for military critical care nurses to obtain vital information regarding patient care and professional development. This site will include important links to professional organizations and will contain research-based SOPs for peers to review and modify for their own facility. Click on the Enterprise Consultancy Website at <http://ec.amedd.army.mil/> and select the nursing button on the left menu. MAJ Lisa Snyder is working in conjunction with COL Juanita Winfree, on this project. You may contact MAJ Snyder at [lisa.snyder@us.army.mil](mailto:lisa.snyder@us.army.mil).



**Updates from the Defense Medical Readiness Training Institute (DMRTI)****Joint Operations Medical Managers Course, 27 February - 4 March 2005**

The Defense Medical Readiness Training Institute is hosting the *Joint Operations Medical Managers Course*, at the Saint Anthony Hotel, San Antonio, TX. For course information, contact TSgt Ramirez at (210) 221-9218; DSN 471. For registration, contact Mr. Moed at (210) 221-9143. For other course information, visit DMRTI's website at <http://www.DMRTI.army.mil>.

**Military Medical Humanitarian Assistance Course, 5 - 6 March 2005**

The Defense Medical Readiness Training Institute is hosting the *Military Medical Humanitarian Assistance Course*, at the Saint Anthony Hotel, San Antonio, TX. For course information, contact TSgt Griffin at (210) 221-0552; DSN 471. For registration and other course information, visit DMRTI's website at <http://www.DMRTI.army.mil>.

For more information please contact HM1 D. Cooks, Public Affairs Representative at the Defense Medical Readiness Training Institute, Fort Sam Houston, TX 78234-5091, (210) 221-9654.

**31<sup>st</sup> Combat Support Hospital Returns From Camp Anaconda, Balad, Iraq by MAJ Dave Rinaldi**

On September 28<sup>th</sup> approximately 120 soldiers of the 31<sup>st</sup> Combat Support Hospital (CSH) returned to a cheering crowd of family and friends, after 265 days of combat duty in Iraq. The returning soldiers were located on Logistical Supply Area Anaconda, a large airbase near the city of Balad. While deployed, the soldiers of the 31<sup>st</sup> CSH distinguished themselves, treating thousands of patients, many times under mortar and rocket attacks by enemy insurgents. Their early return came as a welcome surprise when they were informed that medical personnel from the 59th Medical Wing at Wilford Hall Medical Center at Lackland Air Force Base, Texas were going to assume control of their hospital. The Air Force personnel began to arrive in September and following a short transition period, the members of the 31<sup>st</sup> CSH began their journey to their home base at Fort Bliss.



**LTC Atwood, Chief Nurse, 31<sup>st</sup> CSH, Balad cuts the welcome home cake with 2LT Weaver**

Once they completed out-processing from the 31<sup>st</sup> CSH, the PROFIS nurses returned to William Beaumont Army Medical Center (WBAMC) to complete their in-processing. Surprisingly, this would be the first time many of the nursing staff would be working in an Army Medical Center. While most of the deploying nurses had been in the Army for multiple years, a group of newly graduated Second Lieutenants arrived at WBAMC and were immediately deployed with the 31<sup>st</sup> CSH. Despite the stress of providing nursing care while in a combat zone, this group of new officers excelled, rapidly becoming proficient with the skills they needed to provide life saving care to wounded soldiers. The knowledge and experience these nurses have acquired will be invaluable to the future of the Army Nurse Corps.

After completing their reorientation to the hospital, nursing personnel were treated to a welcome home reception by the Department of Nursing. During the reception they were greeted by nursing personnel from all areas of the hospital. They were also able to meet the officers and enlisted soldiers who were activated from multiple Army Reserve units, thus ensuring WBAMC would continue its mission during this deployment. After enjoying some refreshments and quality time with old and new friends, the nurses of the 31<sup>st</sup> CSH were ready to sign their leave forms and start their well-earned vacations.



### *A Different Perspective from a PROFIS Brigade Nurse by CPT Brad Franklin*

Greetings from Camp Striker, Iraq. I've had the pleasure of reading CPT Schroeder and 1LT Waite's experiences as Brigade nurses assigned to a Forward Support Battalion in previous ANC newsletters. Both were very interesting and full of useful information for future and current Brigade nurses. I thought I might be able to share some of my own experiences and recommendations from 10+ months deployed with the 15<sup>th</sup> FSB, 2BCT, 1<sup>st</sup> Cavalry Division. As a PROFIS nurse who was given this opportunity with less than 2 months to prepare, my perspective might be quite different.

What do you think about when the job description of a brigade nurses comes up. Most would say that 91W training and transition is the biggest piece of that. Also included is serving as head nurse of a 40 bed patient hold unit during tactical operations. Like most other job descriptions in the military, most people forget the "other duties as assigned" part of that job description. I've had some experience training 91W's in my previous positions but did not know all the requirements for transition and sustainment. I had to get jump started on the process to get an in depth knowledge of what it takes. I've been very fortunate to have a wonderful training NCO, SGT Frank Novak, who has been running the day to day training programs.



**CPT Franklin with two Iraqi National Guard Members**

Unlike many of my peers in other Brigades, our patient hold unit has not been used as extensively. My providers (2 MDs, 2 PA's) have done a superb job in managing most patients on an outpatient basis or evacuating to the higher level of care when appropriate. I have worked closely with them keeping the census low during this deployment by providing basic case management services to all patients. For example, I've taught ambulatory patients with good understanding who needed frequent dressing changes to do the dressing change themselves with daily follow up with me during morning sick call. This is similar to a service provided by the Specialized Nursing Care Center (SNCC) at Tripler AMC. By managing patients on an outpatient basis, we maintained an operational reserve of beds in the event of a MASCAL as well as increasing patient satisfaction by allowing them to remain with their unit, usually on a limited duty profile. I would estimate my 10+ month patient total to be about two dozen. Many of those patients only remained overnight and were discharged the following morning.

So you're wondering what I did if I didn't have much work with the patient hold unit? I had to be flexible and adapt like CPT Schroeder alluded to in her article. I can also say that our company had its share of trauma cases ranging from non-complicated gunshot wounds to complex multiple trauma cases from an IED or mortar attack. Our BN Surgeon, MAJ Alex Rosin, determined very quickly that RN support is essential to provide critical care to trauma patients. I provided a wealth of experience with IV access/therapy and other life saving interventions. The medics, while trained, did not have any practical experience with real trauma patients. It has taken us months to get the medics up to an acceptable level of experience with trauma patients. Why months? Well, like most emergency rooms, you never know when patients will show up and the medics rotated shifts on a daily basis.

I also had the opportunity to participate in combat patrols as well as provide nursing support on a forward treatment team during a cordon and search operations, some under fire. I've participated in many civil military operations (CMO) in the local community and provided patient liaison services with the 31<sup>st</sup> CSH during our numerous convoys to the International Zone in Baghdad. All of these duties are very non-doctrinal and I had to ask for them. An ongoing endeavor has been the education of the non-medical personnel, to include our MSC counterparts, on what exactly an RN can bring to the table. They have a static idea that the RN only provides medic training and patient hold support. Without a need for continuous patient hold, I verbalized how I could make the medical mission supporting the 2BCT more successful.

So where does the PROFIS nurse fit into the picture? First and foremost, we are critical to having a successful health care team providing comprehensive, state of the art healthcare in a deployed environment. However, we have to advocate not only for our patients, but our profession as well. We must always remain flexible and adapt to the

challenges that come before us. All of us should be prepared to assume the duties of a brigade nurse with very little notice, especially if you are a 66H. Field Grade officers, as I found out, are not immune to getting tasked to provide nursing support. Be prepared by having a broad clinical base, trauma training and a basic understanding of 91 W training/transition and sustainment programs and you should be successful.

I would like to thank the following key people for my success during this deployment: CPT Brett Beuhner (1 CAV), CPT Kevin Niccum (1 ID), and SGT Williamson (31<sup>st</sup> CSH) for helping me with the 91W training piece; MAJ Keith Holliday (10<sup>th</sup> MTN) and CPT Mary Johnston (31<sup>st</sup> CSH) for providing council and assisting with supply issues; LTC Gordon (HRC) with helping give me piece of mind by correcting my ORB for the LTHET board; and COL Balliram, COL Mirakian, and LTC Jolitz for giving me this opportunity to excel and make a difference. Lastly, I have to thank my wonderful wife, Tiva. She gave birth in June, raised our toddler and worked full time, despite my lengthy absence. She truly had the tough job. Again, thank you all.

***Attention Mobilized Reservists: HRC-St. Louis will fund Continuing Health Education Training***

HRC-St Louis is now funding one continuing health education (CHE) training of up to 5-days for US Army Reserve Soldiers per FY while mobilized. This does not include TTAD Soldiers. HRC-St Louis will need a worksheet, "Request for PDE Orders on Mobilized Reservists," a memorandum from the unit commander authorizing absence from duty station in a TDY status, and a copy of mobilization orders. The orders will not cover a rental car or the registration fees. Airline reservations must be made through Carlson Travel or it will not be reimbursed. Professional Development Education (PDE) is funded only if required for promotion.

POC is Mr. Dave McClory, 800-325-4629 x 0466 or 314-592-0466 or e-mail [david.mcclory@arpsl.army.mil](mailto:david.mcclory@arpsl.army.mil)

***Mental Health Consultant by COL Christine Piper (currently deployed in support of OIF2)***

At a recent theatre Mental Health Conference, I asked the nurses attending to offer some reflections on how being a nurse has made a difference in the overall Mental health mission in Iraq. Two nurses currently deployed to Iraq with the 785<sup>th</sup> Combat Support Company offered the following reflections.

MAJ Maggie Stalka, Baghdad: It's so hard to put 7 months of mental health nursing in Iraq into a few words, but there is one snapshot in time that has forever changed my perception of myself as a soldier and as a mental health nurse. Five minutes after I arrived at the Baghdad Central Correctional Facility on April 6 there was a barrage of mortars in the detainee camps. I had come there to provide combat stress control services to the soldiers but at that moment that meant pulling up everything I could remember about trauma nursing from my 25 years as a mental health nurse! As I reassessed the dozens of injured detainees in the "delayed" area I watched the organized chaos with amazement and pride. Civilian contractors, military intelligence, Iraqi detainees with minimal wounds, military police, Marines, commanders and privates, all were helping at the prison hospital in some way, saving the lives of humans who may have recently attempted or succeeded at taking American lives. Comfort to the wounded came with a touch and a smile since I did not know their language. Comfort to the heroes helping us came also with a touch and a smile because words were being saved for orders and calls for more supplies. A very special bond was formed that day between all of us working in the chaos. It will never be broken. The door to Combat Stress Control was forever opened that day. I was trusted to listen to other's experiences and feelings, the sadness and anger, the disturbing nightmares and thoughts. I was privileged to be a part of the emotional healing and the growth that came through the trauma. I shared in their loss of innocence that turned young boys and girls into men and women.

MAJ Kevin Roberts, Ramadi: This whole experience has been much different in some ways than what I expected. First, I need to thank the veterans with whom I have worked over my 20+ years with the VA. I cannot begin to thank them enough for teaching me lessons that have helped me in my efforts over here. We are trying to help our troops (Soldiers, Seabees and Marines in our area) gain some perspective while they are here on the things they are experiencing (doing, touching, seeing, hearing, smelling, feeling, fearing, shooting, killing, losing, grieving, building, healing and cheering to name just a few). Many of these troops have "experienced" more already in their young lives than most people do in a lifetime. The disturbing part for some of these troops is that this will be their "lifetime." At the very least, it will be one of the defining moments of their lives.

I have tried to make some sense of all this in order to better help our troops. I listen to stories of Soldiers playing soccer with Iraqi children in school yards. I hear about continuous efforts to rebuild infrastructure so the Iraqi people have more reliable power, water and other utilities. I sure wish I could predict the future and say that in the long-term we will have made a difference here. In the meantime, we try to focus on keeping troops healthy. It is difficult to hear their accounts of fear and anger, death and destruction, mortars and rockets, ambushes and IED's (improvised explosive device). So much of this is totally out of an individual's control and that is part of the frustration. Why ask why? There will probably never be a "good" answer to that question.

I have often wondered whether we are having an impact here. I need only to recall the hard-as-nails Marine Gunnery Sergeant who, as he was about to rotate out, thanked us for teaching him that using mental health services was not a sign of weakness and, in fact, can be a sign of strength. I also took great satisfaction listening to the young Field Artillery Sergeant who was thrilled that he had been able to quit smoking while here. No matter what else has happened to them, he and others who successfully quit tobacco while here will always have something positive to cherish from their OIF experience. Playing a role in that helps me to have some "normalcy" in what I do here. I know we are making a difference in the lives of these troops. It might be just an ear to listen, a Girl Scout cookie to share, a joke to tell or a shoulder to cry on but we are here for them. And that is what it's all about...

### *Joint Commission on Accreditation of Healthcare Organizations (JCAHO)*

#### *Attention all staff nurses*

#### **Read this article to learn what to expect from the JCAHO patient tracer**

Shared Visions – New Pathways® will have its first birthday in January. Many of our MTFs have yet to experience their first accreditation survey using the new survey methodology. This fact has caused some managers, staff, and commanders' anxiety as they prepare for the "unknown". While continuous performance improvement and JCAHO readiness is approached slightly differently at each level of the organization, this article is dedicated to the staff nurse. It is designed to answer the question, "[What should I expect during the JCAHO patient tracer?](#)"

#### **Two types of tracers**

You have undoubtedly heard of a new process called "tracing" patients. There are two types of tracers, a [patient tracer](#) and a [system tracer](#). As a staff nurse, you may be involved with both types.

#### **Patient Tracer**

Let us begin by discussing the patient tracer. During this type of tracer activity, the surveyor will select a patient and trace his progress throughout the healthcare system, including the entire continuum of care: outpatient, inpatient, ancillary services (i.e. lab, rad, social work, dietary, mental health, etc.), and any other service that may impact the health and welfare of the patient. At this point you may be thinking, "[That is very nice, but what is the surveyor going to ask me; I need to be prepared, and I certainly don't want to give the wrong answer and get myself, my unit manager, or anyone else in my chain-of-command into trouble.](#)" Here is the answer, as simple as it may sound: The surveyor will ask you to explain how you take care of your patient. Also, this is not a "gotcha" type survey. The surveyor is there to help you and your organization identify weaknesses in systems (not individuals) and offer suggestions on how other organizations have successfully addressed issues. While it may take some time for those of us in the military to loose the fear of "the survey" and the former "Type One recommendation", organizations throughout the country have overwhelmingly expressed satisfaction with the new process and have found it to be non-threatening and truly helpful in identifying and helping to correct processes that may not have sufficient redundancy built into them to catch what is inevitable: human error.

Let's use a med-surg patient as an example; we will call him George. You are caring for George on your ward and know that he was admitted several weeks ago through the ER after presenting with severe chest pain. From the ER he was taken to interventional radiology where it was noted he had 85% left main coronary artery occlusion. He was taken directly to the OR for CABG, spent time in the ICU, experienced several complications and is now on your unit.

Now, pretend you are a surveyor. What would you want to know about George and his care to get an understanding whether adequate systems are in place in your facility to provide safe, quality care with optimal patient outcome? Stop and seriously think about this before reading any further.

Good, now that you have had time to think about it, let's get started. Since you are a staff nurse on the med-surg ward and this is your first day taking care of George, what would YOU like to know about him and where would you find that information? This is exactly the type of question the surveyor is likely to ask! You explain to the surveyor your change of shift report process, your process for reviewing the patient's chart, etc. The surveyor has already been to the ER, the OR and ICU and states, "I noticed that pain control was an issue in the ICU. How is George's pain currently being managed?" You explain the medications George is currently taking for pain, and how often. The surveyor asks how you assess for pain (looking for the system in place for pain assessment, reassessment, etc.). She seems satisfied with your answers. She then asks, "What if George began having breakthrough pain, what would you do then?" You indicate that after assessing George you would contact the surgical resident on call and ask her to evaluate George since the medication he is currently taking is no longer adequately controlling his pain, which is a new development. The surveyor appears satisfied with your answer and asks for the name of the surgical resident on call, and how you determine from day to day who is on call. As you are explaining all of this, patient lunch trays arrive on the unit. The surveyor notices this and asks if she could accompany you to the patient's room when you deliver the tray (she also asks that you first ask George if he would mind speaking with you). You introduce the surveyor and ask George if he would mind speaking with her. He agrees. The surveyor asks you if she can have some time alone with George. Your response is "certainly", and you leave the room. Several minutes later the surveyor comes out of the room and finds you waiting for her. She asks if you could get the patient's record and find a quiet place to sit and review the record with you. On your way to the conference room you have identified as the place you will take the surveyor for the chart review, you note the surveyor seems interested in the way staff members are interacting; she even stops briefly to observe a nurse who seems to be taking a phone call from the laboratory about a critical value (thank goodness he was writing down the critical value during the conversation). As you are both sitting down, the surveyor asks what kind of diet George is on. You explain he is on a low sodium diet. She follows up by asking how you know the correct food was delivered for this patient. You explain the system in your hospital for marking trays for special diets. You observe the surveyor making a note to herself to go to the kitchen and observe how patient food trays are assembled. The surveyor asks you to find some key documents in the chart, such as: surgical consent, History & Physical, patient education documentation, etc. She also looks for unauthorized abbreviations in the provider orders. Finally, after what to you seems an eternity, the surveyor thanks you for your time and moves on to a different unit.

The tracer process is designed to identify weaknesses in pieces of a process. Using the example above, the questions related to pain assessment reviewed selected pieces of the medication management process.

#### System Tracer

Unlike the individual patient tracer, a system tracer evaluates an entire process such as medication management. During patient tracers, the surveyor is able to evaluate a portion of the process, but there are many aspects of medication management that does not occur at the patient or unit level. Medication management involves medication selection, procurement, storage, prescribing or ordering, preparing, dispensing, administration, and monitoring. Some of these steps generally do not take place on the patient unit and would be missed if a review of the entire system did not occur. This review is called the system tracer, typically conducted in a conference room with a group of staff responsible, in this case, for medication management.

As one can see from the previous examples, the new accreditation survey process has dramatically changed. Staff no longer has to memorize references to standards, but they do need to know how to deliver safe care. If you are asked a question for which you do not know the answer (or have temporary, surveyor induced amnesia), simply state you do not know the answer to the question, but go on to explain how you would find the answer. Example, "I am relatively new to the hospital and do not know the procedure for transferring a patient if the unit is full, but I can ask my charge nurse or nurse manager and one of them can explain the procedure to both of us." There are, however, some items that all staff should be able to answer, to include questions regarding: fire safety (RACE), evacuation routes, and similar items.

Now it is time for a little quiz, not necessarily related to the content of this article (but related to the Life Safety Code 2000 compliance required by JCAHO). Answers will be published next month.

1. How often should you conduct a fire drill on your unit?
2. What must take place AFTER each fire drill?
3. What is the difference between a smoke barrier and a fire barrier (and do you know where they are on your floor)?
4. Is it o.k. to store a couple of cases (10 gallons) of alcohol based, waterless hand sanitizer in your unit storage room?
5. You have locks on the bathrooms on your unit, is this permitted?

Items of interest on the JCAHO website include:

- ? Look for the upcoming field review: Organization Responsibilities for Individuals Under the Supervision of a Licensed Independent Practitioner
- ? Updated Sentinel Event data:  
<http://www.jcaho.org/accredited+organizations/ambulatory+care/sentinel+events/sentinel+event+statistics.htm>
- ? Frequently Asked Questions about Joint Commission Standards in the Hospital Accreditation Program:  
<http://www.jcaho.org/accredited+organizations/hospitals/standards/hospital+faqs/faq+index.htm>

Excellent Joint Commission Resources references related to Tracer Methodology:

- ? The Joint Commission Guide to Priority Focus Areas <http://www.jcrinc.com/publications.asp?durki=5001>
- ? Tracer Methodology: Tips and Strategies for Continuous System Improvement  
<http://www.jcrinc.com/publications.asp?durki=7647>

Quality related links:

- ? Establishing a “Just Culture” for patient safety [http://www.mers-tm.net/support/Marx\\_Primer.pdf](http://www.mers-tm.net/support/Marx_Primer.pdf)
- ? National Patient Safety Foundation <http://www.npsf.org/>
- ? Resources to help your hospital build family centered care at: <http://www.familycenteredcare.org/hosp-forum-frame.html>
- ? National Coordinating Council for Medication Error Reporting homepage <http://www.nccmerp.org/> ---A copy of their reporting form with associated classification system is at <http://www.usp.org/pdf/patientSafety/medform.pdf>

LTC Lisette Melton, AN, MSN, CNS

Email: [lmelton@jcaho.org](mailto:lmelton@jcaho.org)

Phone: (630) 792-5769

Fax: (630) 792-4769

Deleted: lmelton@jcaho.org

MAJ Robert Durkee, AN, MHA, RNC, CHE

Email: [rdurkee@jcaho.org](mailto:rdurkee@jcaho.org)

Phone: (630) 792-5768

Fax: (630) 792-4768

Deleted: rdurkee@jcaho.org

Deleted: ¶

*Human Resources Command (HRC) Update*

The approaching holidays find Army Nurse Corps Branch multitasking a variety of projects and missions; however none is more important to us than working to support our Army Nurse Corps officers who tirelessly serve our war fighters and AMEDD mission whether that be in theater, CONUS or OCONUS. All of us have an absolutely critical mission as we remain a nation and Army at war.

The development of the Officer Distribution Plan (ODP) will be a major focus of our work over the next month or so. This ODP becomes the ultimate roadmap to distribution of most valuable resource, the Army Nurse Corps officer. This is a coordinated and concerted effort by Commanders, Chief Nurses and all of the AMEDD leadership and ultimately the TSG to develop the optimal plan that maximizes our Army Nurse Corps inventory (as well as utilization of other AMEDD officers). We are also in the process of working the slating of next summers Chief Nurse openings with the goal of having those positions validated and approved by TSG in January so we can ensure we've filled those key positions with the highest quality Army Nurse Corps leaders.

Another important data point for all is that the OER enhancement initiative is underway as all Company Grade officers are now to be counseled utilizing the Junior Officer Support Development form beginning 1 October 2004. Also, for those Company Grade Officers who are not going to receive an OER from 1 October to 31 December 2004 under the new system (no forced distribution therefore no block check), will receive a close out OER completed under the new system, with an end-date of 31 December 2004. Please remember how even more important the OER narrative is to the board process now that there is no forced block distribution. These narratives should not only recognize performance, but possibly more important, they should identify clear, discriminated potential to serve in increased roles of responsibility as well as attend military and civilian schooling. BLUF: All Company Grade officers will have one OER under the new system by 1 January 2005. So, you'll be seeing OER shells for close outs coming from your Personnel shops.

The Army Nurse Corps Branch continues to focus on the development of your career as an Army Nurse officer which will ultimately impact the overall mission of the AMEDD and the soldiers we serve. Whatever your religious or personal beliefs about the winter holiday season, the entire Army Nurse Corps Branch staff wishes you and yours a restful and peaceful holiday. We ask you to remember our deployed colleagues as they remain on the front line of the global war on terrorism and serve with absolute distinction and honor.

Happy Holidays!

Roy A. Harris, COL, AN, C, AN Branch

Carpe Diem!

**ASK BRANCH:**

**Q. Can I communicate with the board members sitting my promotion board?**

**A.** All officers eligible for consideration for promotion may write to the board to provide important information and data. This is governed by AR 600-8-29, Para 1-33.c.

As stated in AR 600-8-29, Para 1-33.c, "all communications will be in writing, furnished to all board members, and made a part of the board's record. An audio or video recording is an acceptable means of communication with the board as long as a written transcript is included in the board record." Officers are not allowed to appear before the board in person.

If you are thinking about sending a letter to the selection board members, it is highly advisable to select what information you provide to the board members, as this may positively or negatively influence them. The officer's grammar skills and writing ability are also taken into consideration, especially for the Long-Term Health Education and Training (LTHET) board.

Board letters are helpful if they clarify the officer's record or point out an omission. Enrollment in military schooling such as Officer Advanced Course, CGSC, etc. and/or enrollment in graduate degree program are examples of this. It is important to keep the letter concise and not self-serving. Also, do not submit excess documents as they will act more as detractors rather than an advantage.

The following items will not be forwarded to the selection board:

- 1) Third party letters unless endorsed by the officer under consideration
- 2) Unprocessed OERs and AERs
- 3) Memorandums that criticize or reflect on the character, conduct, or motives of any officer under consideration by the board unless authorized by AR 600-8-29.
- 4) Unofficial photographs according to AR 640-30

Written memorandums sent to the promotion selection board are considered if received not later than the date the board convenes. Memorandums should be addressed to President (appropriate promotion board), ATTN: AHRC-MSB, 200 Stovall Street, Alexandria, Virginia 22332-0441. Please do not send the original copy to AN Branch. However, you may furnish us a photocopy of the letter if you desire.

The following are examples of "no-go letters" to the selection board:

*"I was handpicked among the elite group of officers to serve as a company commander. My superiors think that I am the best company commander in the Army. Non-selection for this promotion board will mean a great loss to the Army!"* --- too self-serving. If he really is the best in the Army, his file will reflect that.

*"I am very interested in getting selected for major"* --- pointless letter, more of a distracter.

*"Enclosed is a copy of the book I authored...."* (attached was a 300-page book) --- more of a distracter, this officer's OER already stated that she has written a book.

*"Please do not let the fact that last year's board failed to select me..."* --- this letter may cause more harm than good. This officer just told the board that he was previously non-select. Board members usually do not know if an officer is non-select unless they are told.

Before you submit a letter to the board president, it is always helpful to discuss this with senior officers (chief nurses and/or senior raters). You may also contact your PMO for guidance.

**Q: If I attend Long Term Health Education and Training, what is my active duty service obligation (ADSO)?**

**A:** The length of your ADSO depends on the length of the program you attend. In general, officers owe three years for the first year (or portion thereof) of school attended, then 6 months for every 6 months (or portion thereof) for every 6 months beyond the first year. You can use the following table as a guide for calculating your total ADSO:

<u>Length of Program</u>	<u>ADSO</u>
21 months	4 years
24 months	4 years
30 months	4.5 years
36 months	5 years
48 months	6 years

Keep in mind that the length of your long term training depends upon the program you were selected to attend and the agreement you sign prior to attending school.



**Newsflash from the Education Management Desk at AN Branch!**

Applications for the FY 2005 Training with Industry fellowship at the Joint Commission for Accreditation of Healthcare Organizations in Oakbrook, IL are due to MAJ Richardson at AN Branch by **17 December 2005**. Applications for the Rand Arroyo Fellowship are due to MAJ Richardson at AN Branch by **31 January 2005**. For more information and application requirements, visit the HRC AN Branch Website at <https://www.perscomonline.army.mil/OPhsdan/default.htm> and click the **TWI** link to the left of the page.

Interested in the Johnson and Johnson Wharton Fellows Program in Management for Nurse Executives? An information on this three week program is included at the end of this month's newsletter. Additional information is posted on the HRC AN Branch Website. Applications for this program are due to Wharton, University of Pennsylvania by the end of January 2005 for the 5 – 24 June 2005 class.

**Q. Can I receive constructive credit for the AMEDD Captain's Career Course?**

**A.** In order to receive constructive credit for the AMEDD Captain's Career Course (ACCC), formerly the Officer Advanced Course (OAC), an officer must:

1. Have documentation of prior attendance at a non-AMEDD OAC or CCC
2. Have at least 6 years of AMEDD AFCS at least 3 of which were in a capacity other than an educational program
3. Demonstrate distinguished duty or service that includes the common subject matter of the ACCC or AMEDD OAC.
4. Submit an application that states the specific reasons why the applicant did not complete the course in residence or by distance learning.

Officers interested in receiving constructive credit should contact their branch manager.

For further information, the reference covering this question is AR 350-1, Army Training and Education

**Q. How do I locate missing documents in preparation for a selection board?**

**A.** It is very important that awards, badges, and degrees found on your uniform and ORB are supported by documentation on your microfiche. If you are missing awards and/or documents, please contact the originating unit to obtain a copy. Note that DA 638s, Recommendations for Awards, are not authorized on the microfiche. You must have a copy of the certificate or orders.

**HOW TO GET YOUR PARACHUTIST BADGE ORDERS:**

If you graduated greater than 10 years ago, call (706) 545-7457.

If you graduated between 2 and 10 years ago, call Mr. Otis Hollins at (706) 545-2014.

If you graduated less than 2 years ago, call Ms Carswell at (706) 545-1462.

**HOW TO GET YOUR SPECIAL FORCES TAB ORDERS:** To account for the Special Forces Tab on your microfiche, a copy of the orders awarding the Special Forces Tab needs to be placed on the microfiche. The Qualification Course diploma is not authorized for placement on the microfiche. To obtain a copy of your Special Forces Tab orders, call the Student Records Office at USAJFKSWCS at (910) 432-1581.

**HOW TO GET YOUR EFMB ORDERS:** To account for the EFMB orders, you must contact the originating unit that sponsored the training. There is no central holding facility for these orders. Another option is to ask a friend you took the training with if they have their orders, and to submit the orders with all the participant names on it.

**HOW TO GET YOUR AIR ASSAULT ORDERS:** To account for your Air Assault orders, email your inquiry to: [AFZB-PTM-AAS@emh2.campbell.army.mil](mailto:AFZB-PTM-AAS@emh2.campbell.army.mil). You can and then fax a copy of your certificate to DSN: 635-2113 or (270) 798-2113, and they will search for your documentation. It takes approximately one week for your orders

**HOW TO GET YOUR AMEDD COURSES CERTIFICATES:** To obtain copies of missing certificates from AMEDD related courses, call Ms. Joyce Gross at the Registrar's Office, Academy of Health Sciences at (210) 221-7388 / DSN 471- 7388

Please let us know how you feel about the change to our format. We look forward to addressing your questions and comments. Please forward your questions to our Education Technician, Mrs. Tawanda Patton, at [PATTONT@hoffman.army.mil](mailto:PATTONT@hoffman.army.mil)

***AJN Photo Submissions – A Chance to Share Your Experiences with other Nursing Professionals***

The American Journal of Nursing (AJN) has requested photos of Army Nurses from recent operations--either peacekeeping, humanitarian or related to the Global War on Terror. The AJN Editor would like to include them in a military photo spread. If you took interesting photos, while involved in one of these missions, please contact Nicole Mladic at 312.861.5274 or email [Nicole.Mladic@mslpr.com](mailto:Nicole.Mladic@mslpr.com). Please remember to have your photos approved by your Public Affairs Office before submitting.

***The Army Nurse Corps Association (ANCA) Award Advanced Military Practice Award***

It is time again to nominate individuals for the Advanced Military Nursing Practice Award. This award, sponsored by the Army Nurse Corps Association, honors a middle-range ANC officer (CPT (P), MAJ, LTC) who has contributed significantly to the practice of nursing during the past 2 years. This annual award is separate and distinct from any others that may be given for particularly outstanding duty performance. Individuals nominated may be from any component - Active, USAR or ARNG. The nominating individual may be in the nominee's supervisory chain or a peer. Nominations, submitted in memorandum format not to exceed two double spaced typed pages, must include an endorsement by the nominee's chief nurse or senior rater. Provide specific and factual information, give a concrete description of what the officer accomplished to include project impact (improves cost benefit ratio, improves quality of care) and significance to nursing practice, and include why this accomplishment merits recognition by the A.N.C.A. and the Chief, Army Nurse Corps.

Nominations must be submitted by **17 December 2004** to Office of the Army Nurse Corps, ATTN: MCCS-CN, Room 275, 2250 Stanley Rd., Fort Sam Houston, TX 78234-6140. Nominations will also be accepted by fax at CML (210) 221-8360/DSN 471-8360. The letter of Instruction of the A.N.C.A. Advanced Military Practice Award, Standard Operating Procedures, and a sample memorandum are available on the **Army Nurse Corps AKO** website.

**To access this information** log into the ANC AKO website by copying and pasting the URL: <https://www.us.army.mil/suite/page/130190> into your web browser. Once you are there scroll down to the Awards and Conference Information cell on the left hand side. Click on the ANCA Awards Information folder and it will take you to the files section where you will see all three word documents.

If you have trouble with these instructions you can get to the ANC webpage by logging into AKO then, under Army Organizations on the left side toolbar, click on special staff, then medical, then Army Nurse Corps. This will also take you to the ANC AKO homepage.

If you have trouble with this please call the Office of the Army Nurse Corps at DSN 471-6621 or CML (210) 221-6621.

***2004 ANC-CHEP Guidelines***

The new 2004 ANC-CHEP Guidelines are now posted on the Department of Health, Education and Training website at <http://www.cs.amedd.army.mil/dhet/>. When you get there click on "Army Nurse Corps" and scroll down to the [ANC-CHEP Guidelines](#) button. Click and you're there. As you scroll to each chapter in the table of contents you can click and it will take you to that chapter. All forms in Chap 5, 6 & 7 should open, but if they don't please call me so I can get the links reconnected. **I also ask that you not print these** and work from a hard copy because you will miss many things that expand and much information will be lost. In going through these, since I have arrived, I have seen areas that already need updating, and have received input and ideas from folks on things that I can fix. I plan to do this as I get a chance, so the Guidelines will be ever-changing in some ways (not overall content, but streamlining how they work on-line). This means that it is even more important to use them on-line, so you don't overlook something.

**There are few significant changes that I will mention here:**

- Disclosure/vested interest statements are required for all presenters
- Disclosure/vested interest statements are required on all marketing material and must be made at the beginning of each presentation
- Disclosure/vested interest statements can be made on the "official" form or can be one sentence added on the CV/Bio stating that the presenter has no vested interest in the topic being presented.
- No signatures are required on the application or the certificate
- All packets must have a marketing tool of some sort. It can be a flyer or a Tri-fold or a PowerPoint of some sort.
- Terminology has changed from "EDI" to "Provider Directed Activity" and "EDII" to "Learner Directed Activity".
- There is a new statement on the certificate and an example is included in Chap 5.
- There is a new application.

Please call or email with any questions that you may have.

COL Carol A. McNeill

Chief, Nursing Education Branch

Comm: (210) 295- 0274 DSN: 421-0274 Fax: (210) 221-2832 email: [carol.mcneill@amedd.army.mil](mailto:carol.mcneill@amedd.army.mil)

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## **SEXUAL ASSAULT RESPONSE TEAM TRAINING PROGRAM**

**(Open to Civilians and Military)**

7 - 11 March 2005

Hyatt Regency Bethesda Hotel  
Bethesda, Maryland

### **Course Directors**

Susan L. Hanshaw, MFS, RN, LtCol, USAFR, NC  
Cynthia T. Ferguson, LT, CNM, MSN, CMI-III, USN

### **Sponsored by**

Armed Forces Institute of Pathology  
Office of the Armed Forces Medical Examiner

**VIEW COURSE & REGISTER ONLINE:** <http://www.afip.org/Departments/edu/upcoming.htm>

### **Course Description**

This program is designed for health care personnel (officer, enlisted and civilian), investigators, law enforcement, mental health care workers, sexual assault victim advocates, and other disciplines, both military and civilian, wishing to provide a multidisciplinary approach to sexual assault care and the medicolegal examination. This course uses hands-on laboratory sessions to introduce sexual assault forensic examination techniques, forensic photography, documentation and physical evidence collection. Lectures provide medicolegal insight to identify and preserve the biological, psychological and social health of the survivor of sexual assault or abuse. This program satisfies the International Association of Forensic

Nurses (IAFN) national standard requirements for the didactic component of the Sexual Assault Nurse Examiner (SANE) certification process. A separate clinical preceptorship must be completed in conjunction with the didactic portion in order to sit for the SANE certification exam. Requirements for the clinical preceptorship will be covered in the program.

### **Course Objectives**

By attending this course, participants will be able to:

- ? Define roles of each member of the Sexual Assault Response Team
- ? Describe forensic evidence collection methodology and rationale
- ? List injury patterns found on the victim of sexual assault
- ? Describe the Rape Trauma Syndrome
- ? Describe the role of the Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner in the judicial process
- ? List the requirements of the preceptorship for SANE certification
- ? Differentiate between deviant sexual behavior and criminal sexual behavior
- ? Describe how to conduct a medicolegal examination for a sexual assault/abuse victim

### **Course Location**

The course will be held at the Hyatt Regency Hotel, Bethesda, Maryland. *Rooms have been reserved at a special reduced rate of \$143 single/\$175 double until 6 February 2005.* Reservations received after this date will be filled on a space available basis. When contacting the hotel to make your reservation, inform them that you are attending the Sexual Assault Response Team Training Program.

The hotel is easily accessible by airport limousine, taxi, or Metro (on the Red Line) from Reagan National Airport. Limousine pick-up is also available from BWI and Dulles airports. Limited paid parking is available for hotel guests. A municipal parking garage is available near the hotel.

Hyatt Regency Hotel  
One Bethesda Metro Center  
Bethesda, Maryland  
Tel: (301) 657-123

### **Registration**

TUITION is \$850 before 6 February 2005, \$900 afterwards.

Since interest in this course is high, we are offering our Place-holder Registration program. When you use a credit card to register, you will immediately be charged a \$100 place-holder fee; the balance will be charged 2 weeks prior to the course at the early-bird rate. All place-holder registrations must be received before the expiration of the early-bird registration (6 February 2005). In the event of a cancellation, the \$100 charge will be retained to cover administrative costs. Place-holder registration is not available to those who pay by check.

Active-duty US military, Department of Defense civilians, full-time permanent Department of Veterans Affairs employees (not residents or fellows), and commissioned officers of the US Public Health Service with authorized approval have a registration fee of \$520.

Friends of the AFIP may deduct 10% of the tuition (include membership number on the application form). All discounts apply only to the full tuition cost.

An administrative fee of \$100 per registrant will be deducted for cancellation. Refund requests must be received in writing one week prior to the course. No refunds will be made thereafter.

Course fees are payable by check or money order to the American Registry of Pathology or by VISA, MasterCard, or American Express and are due at the time of enrollment. To register by mail, complete the form and send it with payment to the Department of Medical Education at the AFIP. To register by telephone, fax, or Internet, credit card payment is required.

**Information**

*For further information please contact*

Course Coordinator: Ricky Giles  
Department of Medical Education  
Armed Forces Institute of Pathology  
Washington, DC 20306-6000

Tel: (202) 782-2637  
Toll-Free Tel: (800) 577-3749 (within the US)  
Fax: (202) 782-5020  
Toll-Free Fax: (800) 441-0094  
E-mail: [came@afip.osd.mil](mailto:came@afip.osd.mil)  
DSN: 662-2637

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## The 18th Annual Pacific Nursing Research Conference

3-5 March, 2005

Wakiki Beach Marriott Resort, Hawaii USA

Theme: Research Across the Life Span

The Call for Abstracts is now available on the Henry Jackson Foundation website:

<http://hjf.org/events/index.html>

If you would like any additional information, please contact LTC Patricia A. Wilhelm @ <mailto:patricia.wilhelm@us.army.mil>

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### ***The Resource Center of TSNRP Invites Applications***

The Resource Center offers intensive training seminars for military nurses interested in scientific research. Preference will be given to topics listed among the current funding priorities.

#### **2005 Funding Priorities**

- ✍ **Deployment Health:** Examination of the physiological and psychosocial factors affecting the readiness of soldiers and their families before, during, and after deployment.
- ✍ **Developing and Sustaining Competencies:** Identification of the expertise needed to work in multiple venues and an exploration of how best to enhance learning and the retention of the new skills in military nursing.
- ✍ **Recruitment and retention of the Work Force:** Exploration of the factors associated with recruitment and retention of appropriate personnel for the military health care system.
- ✍ **Clinical Resource Management:** Identification and testing of the most cost-effective and efficient ways to use professional and ancillary medical staff for patient care and for overall force specialty composition.
- ✍ **Military Clinical Practice and Outcomes Management:** Identification of patient care strategies that are both effective and supported by research.
- ✍ **Also High Priority: Operational War-Related Research:** An examination of the physiological and psychosocial factors affecting soldiers, sailors, airmen, and marines before, during, and after combat; and **Evidence-Based Practice (EBP) Initiatives.**

#### ***Eligibility***

- ✍ All Active Duty, Reserve, & National Guard Nurse Corps Officers are eligible to apply.

#### ***Requirements***

- ✍ Submit a "researchable question" (see application page for details).
- ✍ The TSNRP Research Council comprised of faculty and consultants selected for their expertise in the scientific and programmatic review process will review your application.
- ✍ After review by the Research Council, invitations will be sent by the Resource Center to selected candidates.

#### ***Suspense Date***

- ✍ **18 January 2005.** Electronically submit your application and research question (including the 5 required items) to TSNRP no later than 5:30 PM EST. Send to [mburcroff@usuhs.mil](mailto:mburcroff@usuhs.mil).

#### ***Notification***

- ✍ **By 21 March 2005.** Candidates selected by the Research Council will be invited to attend a course best suited to each candidate's level.

#### ***Disclaimer***

- ✍ Attendance at any of the above grant writing seminars does not guarantee funding of your research proposal.

**SESSION ONE** 23 – 27 May 2005. Candidates assigned to Session 1 will meet daily with mentors to discuss and implement best procedures for developing a research proposal intended for submission within the upcoming funding cycle.

**SESSION TWO** 15 – 17 August 2005. “Research Decision-Making.” A new refresher course for novice researchers with limited experience. Designed to increase research expertise through mentorship, classroom attendance, and matching with senior research mentors (Pod Leaders) in their regional area. This session provides an option for selected candidates to attend the next level seminars the following year.

**SESSION THREE** 18 – 19 August 2005. Candidates who successfully completed the work assigned in Session 1 will meet with faculty in small groups. There will be additional recommendations for November submission.

\*Also known as “Grant Camp”

*For Application and questions* contact the TSNRP Resource Center - Attn: Maria Burcroff  
4301 Jones Bridge Road, Bethesda, MD 20814  
Phone (301) 295-7064 Fax (301) 295-7052  
Submit all applications electronically to [mburcroff@usuhs.mil](mailto:mburcroff@usuhs.mil) no later than 18 January 2005  
Website: [www.usuhs.mil/tsnrp](http://www.usuhs.mil/tsnrp)

## Tri-Service SIG Military Pre-Conference

6 APRIL 2005

*Call for Abstracts*

The co-chairs for the American Academy of Ambulatory Care Nurses (AAACN) Tri-Service Special Interest Group (SIG) are pleased to announce we are planning an exciting Tri-Service Ambulatory Nursing Pre-conference for **6 APRIL 2005** at the Weston Horton, San Diego, California the day prior to the start of the American Academy of Ambulatory Nursing Annual Conference scheduled for 7-11 APRIL 2005.

The purpose of this pre-conference is to provide a forum to discuss success stories, best practices, collaborative practice as well as challenges encountered by ambulatory care nurses within the Military Health Care System. This will be accomplished through lectures, poster sessions and panel discussions

We are currently requesting abstracts for lectures and/or poster presentations with relevance and pertinence to the theme of the 06 April 2004 AAACN SIG in San Diego “Charting a Course for Ambulatory Care in the Military Health Care System”

### **Guidelines for Submission:**

- ? Please submit an electronic lecture proposal and/or abstract submission using Microsoft Word and the attached template located at the end of this message. In the text of your email, please include a single point of contact, their email, the topic, and whether you are submitting a presentation, poster, or both. The poster session will consist of visual displays. Your presence is requested during morning registration, breaks, and lunchtime.



- ? Attendees are responsible for conference registration fees as well as travel and lodging costs.
- ? Submission date: Abstracts must arrive on or before: **01 NOV 2004**.
- ? Notification of acceptance and further instructions will be sent no later than Friday 15 Oct 04.
- ? For questions or concerns please contact COL Secula @ 210-221-7885 or Lt Col Naughton @ DSN 382-2343 Comm: 253- 982-2343.

Email Abstract submissions to one of the following:

Monica Secula, COL, ANC <a href="mailto:Monica.Secula@AMEDD.army.mil">Monica.Secula@AMEDD.army.mil</a>	Corinne Naughton, Lt Col, USAF, NC <a href="mailto:Corinne.Naughton@mcchord.af.mil">Corinne.Naughton@mcchord.af.mil</a>	LCDR Harry Foster Smith,NC,USN <a href="mailto:HFSmith@nmcsd.med.navy.mil">HFSmith@nmcsd.med.navy.mil</a>
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**ABSTRACT TEMPLATE**

**1. Author contact information:** (If more than one author is listed, indicate which one is the contact person)

- Name/Rank:
- Duty Title:
- Military Affiliation:
- Address:
- Email:
- Phone:
- Fax:

**2. Abstract Submitted for : (Select all that apply)**

- Lecture Presentation
- Poster Presentation

**3. Purpose:**

**4. Rationale:**

**5. Significance:**

**6. Description:**

**7. Methodology of research:**

**8. Findings:**

**9. Conclusions:**

Office of the Chief, Army Nurse Corps	
<b>Fort Sam Houston Office</b> COL Barbara Bruno, Deputy Chief ANC <a href="mailto:Barbara.bruno@amedd.army.mil">mailto:Barbara.bruno@amedd.army.mil</a> LTC Sheri Howell, AN Staff Officer <a href="mailto:Sheri.howell@amedd.army.mil">mailto:Sheri.howell@amedd.army.mil</a> MAJ Eric Lewis, AN Fellow <a href="mailto:Eric.lewis@amedd.army.mil">mailto:Eric.lewis@amedd.army.mil</a> AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road	<b>Washington, DC Office</b> LTC Christine Johnson, AN Staff Officer <a href="mailto:Christine.Johnson@belvoir.army.mil">mailto:Christine.Johnson@belvoir.army.mil</a> Headquarters, DA Office of the Surgeon General 6011 5 <sup>th</sup> Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999

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The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to [MAJ Eric Lewis](#). The deadline for all submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360	
ANC Branch @ HRC: <a href="http://www.perscomonline.army.mil/ophsdan/default.htm">www.perscomonline.army.mil/ophsdan/default.htm</a>	AN Website: <a href="http://armynursecorps.amedd.army.mil/">http://armynursecorps.amedd.army.mil/</a>

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